

Permit #: 20101

Date Issued: 1-16-94

County: Bates

Date Cancelled: _____

CONFIDENTIAL UNTIL: _____

Date Plugged: 1-17-94

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	1-16-94
3i	
4	
4i	
5	
6	
7	2-1-94
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	core		
Additional Submitted Data:			

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐ DEEPEN ☐ PLUG BACK ☐for an oil well ☐ or gas well ☐ Hydrocarbon Test ☒NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 1-16-96
16205 W. 287 St. Paola Kansas 66071

Address

City

State

DESCRIPTION OF WELL AND LEASE

Name of lease

Laughlin

Well number

4

Elevation (ground)

860

WELL LOCATION

(give footage from section lines)

1000

ft. from (N) (S) sec. line

1000

ft. from (E) (W) sec. line

WELL LOCATION

Section 26Township 39Range 33County BatesNearest distance from proposed location
to property or lease line:N/A

feet

Distance from proposed location to nearest drilling,
completed or applied for well on the same lease:N/A

feet

Proposed depth:

75

Drilling contractor, name & address

Town Oil Co.

Rotary or Cable Tools

Rotary

Approx. date work will start

1-16-96

Number of acres in lease:

120Number of wells on lease, including this well,
completed in or drilling to this reservoir: 0Number of abandoned wells on lease: 0If lease, purchased with one or more
wells drilled, from whom purchased:Name N/ANo. of Wells: producing 0injection 0inactive 0abandoned 0

Address _____

Status of Bond

Single Well ☐ Amt. _____Blanket Bond ☒ Amt. \$60,000☒ ON FILE
☐ ATTACHEDRemarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present
producing zone and expected new producing zone) use back of form if needed.N/AProposed casing program: N/A

amt.

size

wt./ft.

cem.

Approved casing -- To be filled in by State Geologist

N/A

amt.

size

wt./ft.

cem.

I, the undersigned, state that I am the _____ of the _____ (company),
and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and
that the facts stated therein are true, correct and complete to the best of my knowledge.Signature: Leith TownPermit Number: 20101Approval Date: 1/16/96Approved By: James H. WilliamsNote: This Permit not transferable to any other
person or to any other location.Remit two copies to: Missouri Oil and Gas Council
P.O. Box 250 Rolla, Mo. 65401

One will be returned for driller's signature

☒ Drillers log required☒ E-logs required if run☒ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☐ Samples not requiredWATER SAMPLES REQUIRED ☐Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the
proposed well nor endorsement of the qualifications of the permittee.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
PLUGGING RECORD

FORM OGC-7

OWNER Town Oil Co.		ADDRESS 16205 W. 287 St. Paola, KS. 66071	
NAME OF LEASE Laughlin		WELL NUMBER 4	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20101
LOCATION OF WELL 1000' FSL 100' FEL		SEC-TWP-RNG OR BLOCK & SURVEY 26-39N-33W	COUNTY Bates
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil Co.	HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) N/A GAS (MCF/DAY)	DRY?
DATE ABANDONED 1-17-96	TOTAL DEPTH 19	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) N/A GAS (MCF/DAY)	WATER (BBLS/DAY)
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A		Fluid content of each formation	Depth interval of each formation
			Size, kind, & depth of plugs used, giving amount cement. 1 1/2 sacks cement
SIZE PIPE N/A	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)
		GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)	
		PACKERS AND SHOES	
WAS WELL FILLED WITH MUD-LADEN FLUID?		INDICATE DEEPEST FORMATION CONTAINING FRESH WATER	
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE			
NAME		ADDRESS	
DIRECTION FROM THIS WELL			
N/A			
METHOD OF DISPOSAL OF MUD PIT CONTENTS N/A			
NOTE FILE THIS FORM IN DUPLICATE WITH (USE REVERSE SIDE FOR ADDITIONAL DETAIL)			
CERTIFICATE I, the undersigned, state that I am the <u>partner</u> of the <u>Town Oil Co.</u> (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.			
SIGNATURE <i>Lester Town Oil Co.</i>		DATE 1-19-96	